

Printed Name

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

**Part I: Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Dr. Alvin Llanos	Managing Member of Kelsy Green			App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Davie	FL	33314	
Business Associated with (Parent business or sub-entity) -	Own. % Business Associated with -			
Llanos Pharma Consulting, LLC	Member of Kelsy Green		DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Davie	FL	33314	
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with			
Michael A. Kelly, Esq.	Member of T Dog, LLC			App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address -	Westport	MA	02790	Phone Number
Business Associated with (Parent business or sub-entity) -	Own. % Business Associated with -			
T Dog, LLC	Member of Kelsy Green		DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Providence	RI	02903	
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with			
	Effective Own. % in Applicant -			

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

None	None	None	None	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
None	None	None	None	None	
None	None		None		None
None	None	None	None	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
None	None	None	None	None	
None	None		None		None
None	None	None	None	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
None	None	None	None	None	
None	None		None		None

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Michael A. Kelly  
 Authorized Signatory

3/31/2017  
 Date

Michael A. Kelly/ Registered Agent and Attorney Signing on Behalf of Kelsy Green, LLC  
 Printed Name